

22855 U.S. PTO  
010504

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PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	<b>Attorney Docket No.</b>	BP0308-US
	<b>First Inventor</b>	
	<b>Title</b>	Isotopically Enriched N-Substituted Piperazines And Methods For The Preparation Thereof
	<b>Express Mail Label No.</b>	ET925898425US

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>42</b>]<br/><small>(preferred arrangement set forth below)</small><br/>- Descriptive title of the Invention<br/>- Cross References to Related Applications<br/>- Field of the Invention<br/>- Introduction<br/>- Brief Description of the Drawings<br/>- Definitions<br/>- Description of Various Embodiments of the Invention<br/>- Examples<br/>- References<br/>- Claims<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>11</b>]</p> <p>5. Oath or Declaration [Total Pages <b>1</b>]<br/>a. <input type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><br/>a. <input type="checkbox"/> Computer Readable Copy (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> paper<br/>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
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| <b>ACCOMPANYING APPLICATION PARTS</b>  |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p> |

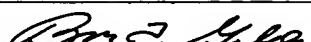
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:
- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_/\_\_\_\_\_ filed \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23544
or <input type="checkbox"/> Correspondence address below	

Name	Applied Biosystems				
Address	15 DeAngelo Drive				
City	Bedford	State	Massachusetts	Zip Code	01730
Country	US	Telephone	781-280-0804	Fax	781-280-2940

Name (Print/Type)	Brian D. Gildea	Registration No. (Attorney/Agent)	39,995
Signature		Date	1/5/04

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 20px;"><i>Patent fees are subject to annual revision.</i></p>	<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>to be assigned</td> </tr> <tr> <td>Filing Date</td> <td>January 5, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td>to be assigned</td> </tr> <tr> <td>Group Art Unit</td> <td>to be assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BP0308-US</td> </tr> </table>	Application Number	to be assigned	Filing Date	January 5, 2004	First Named Inventor		Examiner Name	to be assigned	Group Art Unit	to be assigned	Attorney Docket No.	BP0308-US
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<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$ 770)</b>													

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">02-3240</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Applied Biosystems</span></p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money   <input type="checkbox"/> Other Order</p>	<p><b>3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Brian D. Gildea	Registration No. (Attorney/Agent)	39,995	Telephone	781-280-2824
Signature				Date	January 5, 2004

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